

Department of Health and Human Services  
Aging and Disability Services Division (ADSD)  
**RFR Transaction Detail List and Additional Breakdown**  
**INSTRUCTIONS**

**This form is to be used to document expenses charged to ADSD funding and must be submitted with the RFR. The Subrecipient may submit an alternate expense detail list if it contains elements identical to ADSD's template.**

Complete the top of the form with requested information: Subrecipient Name (Sponsor Agency); Award # (ADSD Agency Ref #, as listed on the Notice of Subaward (NOSA)); Month (Month expenses occurred) and Year (Calendar Year).

The Transaction Detail List contains a section for each line item listed on the NOSA.  
Budget Line Items include:

Personnel = Personnel & Fringe Benefits

Travel/Training = Staff Travel & Per Diem (*\*requires additional back-up*)

Operating = Occupancy, Supplies, Public Info, Equipment up to \$4999

Equipment = Equipment over \$5000 (purchased or leased), any computer or related equipment regardless of cost

Contractual/Consultant = Contractual or Consultant Services (*\*requires additional back-up*)

Other Expenses = Other Direct Project Expenses

Indirect Expenses = Indirect costs at the rate listed in the approved budget

Enter the month's expenses in each corresponding line item, as applicable, by Check/Transaction Date, Check Number/Direct Deposit/Auto-draft/Accrued, Payee/Vendor, Description, Total Payment Amount and Percent Charged to the ADSD Award. The final column (Amount Charged to Award) will calculate based on the total payment and percentage charged to the funding.

There are 40 rows available to list expenses for each line item; however, some are hidden from view to save space. You may unhide the additional rows if needed. Contact your Grants and Projects Specialist if you require assistance.

For Reimbursements: The totals for each budget line item/category (Amount Charged to Award) must match your Current Request on the corresponding Request for Funds and Financial Reporting form.

For Advance Payments: The totals for each budget line item/category (Amount Charged to Award) must match your Advance Payment Reconciliation on the corresponding Request for Funds and Financial Reporting form.

**\* When the following expenses are included within the Transaction Detail List, the corresponding breakdown (or approved equivalent) must be submitted with the RFR. These forms are included in the Transaction Detail List workbook as tabs. To reduce file size, you may delete unused tabs for the specified month only. Retain all submitted forms for your records.**

Expense Category:		Breakdown Form:	
Contractual/Consultant		Contract-Consultant Breakdown	
Travel		Travel Breakdown and Travel Claim(s)	
Training		Training Breakdown	
* Contact your assigned Grants and Projects Specialist (GPS) if you have questions:			
- Alexandra (Alex) Crocket	775-687-0825	<a href="mailto:acrocket@adsd.nv.gov">acrocket@adsd.nv.gov</a>	
- Danielle Cooper	702-486-0852	<a href="mailto:dcooper@adsd.nv.gov">dcooper@adsd.nv.gov</a>	
- Katrina Fowler	702-486-3518	<a href="mailto:kfowler@adsd.nv.gov">kfowler@adsd.nv.gov</a>	
- Laurienne (Laurie) Riley	775-753-1315	<a href="mailto:lriley@adsd.nv.gov">lriley@adsd.nv.gov</a>	
- Lisa Torres	775-687-0553	<a href="mailto:ltorres@adsd.nv.gov">ltorres@adsd.nv.gov</a>	